

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Dates: 10/01/2017-12/31/2017

Grantee Name: New Beginnings

Pregnancy Care Center

0000950680

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	1	5	8	1	3	0	0

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
3	0	5	2	6	2

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
3	15	0

4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
14	1	0	1	0	2	0

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
1	16	1

6. Client Type:

Mother	Father	Grandparent	Other
13	3	0	2

